Reflections on the historic 2001 Recovery Summit in St. Paul, Minnesota, and the start of the New Recovery Advocacy Movement Article One – The Thoughts of Recovery Historian Bill White

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APRIL 10, 2021 ~ BILL STAUFFER PA

Background: History is incredibly important to how we understand ourselves, where we came from, where we stand now and to assist us in determining our pathways forward. Few things are more important to me than understanding the New Recovery Advocacy Movement and to support efforts to move us towards an expanded recovery community across America. As addiction is arguably our most profound public health challenge, recovery in all its diversity offers the greatest hope of restoration at the individual, family and community level.

This year marks the twentieth anniversary of the historic 2001 Recovery Summit in St. Paul Minnesota. I felt that one of the most important contributions I could do would be to collect some of the recollections and thoughts of recovery leaders who were present at this historic event. I have developed a series of questions I hope to ask as many attendees as I can locate over the course of the coming months. My goal is to document their recollections on what the summit meant to them, the accomplishments of the new recovery advocacy movement that rose out of this historic summit and thoughts for the future.

Bill White, the widely regarded recovery movement historian, writer, researcher, streetworker, counselor and elder stateman of recovery who started working in it in 1969 has generously agreed to be my first respondent. I am deeply grateful to Bill for his life work on addiction and recovery and for his willingness to mentor and support so many of us across this movement nationally, myself included.

Questions to Bill White and his responses:

Who are you and what brought you to St Paul at that time?

I am a person in long-term addiction recovery who has worked in the addictions field for more than 50 years in such roles as outreach, counseling, clinical supervision, recovery research, and teaching. I have also spent most of those years researching and writing

about the history of addiction treatment and recovery in the United States. I am currently Emeritus Senior Research Consultant at Chestnut Health Systems.

By the late 1990s, I was convinced the addictions field needed to shift its central organizing framework from a focus on addiction pathologies and brief clinical interventions to a focus on the prevalence, pathways, styles and stages of long-term personal and family recovery. I also was advocating the extension of brief clinical models of treatment to a model of sustained recovery management nested within a larger recovery-oriented system of care. As a recovery historian, I had begun to document the rise of new and renewed grassroots recovery community organizations (RCOs) and what I was labeling a "new recovery advocacy movement." In 2000, I began writing papers on this emerging movement, drawing on my experience working with these new RCOs and my consultations and presentations to those RCOs funded under CSAT's newly developed Recovery Community Support Program (RCSP). At this time, I was also serving on the Board of Recovery Communities United in Chicago, one of the RCSP grantees.

In early 2001, I was asked by William Cope Moyers (Johnson Institute) and Jeff Blodgett (Johnson Institute's Recovery Alliance project) to participate in a planning meeting to explore the possibility of a national recovery summit that culminated in the St. Paul Recovery Summit in October 0f 2001.

Is there a particular moment or memory that stands out to you from that summit?

I have vivid recollections of the wonderful presentations and the working sessions at the Summit, but those are not what most stand out for me. What mattered was that we were there together as "people in recovery"—an identity that transcended all other identities and boundaries. At that meeting, we became "a people" apart from our affiliation or lack of affiliation with any particular recovery mutual aid group or any other personal or professional identities we might claim. By the time I arrived in St. Paul in 2001, I had been in thousands of meetings without ever sensing that any of those events were history making. The Recovery Summit in St. Paul was different. There was electricity in the air from the moment we gathered and I distinctly remember thinking at one point that what we were doing could mark a new chapter in the history of addiction recovery—a line in time between that in the future would demarcate "before" and "after." You see, many of us knew of each other but we had never gathered as recovery advocates. The energy generated by finally placing so many of us in one place was amazing. That energy and its resulting shared vision is what I most remember.

What did you see as the motivating factors that brought you all together for that historic summit twenty years ago?

The historical context was important. There was awareness of the failure of earlier organizational efforts such as the Society for Americans in Recovery (SOAR) and calls for extending the historical work of the National Council on Alcoholism and Drug Dependence (NCADD). The Summit was in many ways a call to take recovery

advocacy into the 21st century. We had lived through the demedicalization, restigmatization and intensified criminalization of addiction in the 1980s and 1990s that resulted in the mass incarceration of addicted people. The Summit was a backlash against such practices led by people who offered living proof of an alternative. New grassroots and renewed RCOs were popping up around the country. The summit was an acknowledgement of their existence and an expression of their aspirations. Since 1998, The Center for Substance Abuse Treatment (CSAT) had provided seed money to a small cadre of RCOs via its Recovery Community Support Program (RCSP). The Summit was a way of extending that effort far beyond those few CSAT-funded funded RCOs. In some ways, the Summit was also a protest against the addiction treatment industry—the sense that people with severe, complex, and long-standing addictions were being recycled through brief episodes of care for financial profit of treatment organizations without regard to their need for long-term personal and family recovery support. Many of us had reaped the benefits of treatment, but we were also painfully aware of its limitations and the need for more vibrant and recovery-focused models of care. There were also groups like White Bison and the Recovery Association Project that were calling for us to move beyond clinical models of care to models of community organization and cultural revitalization. All of these influences stirred within the pot of the 2001 Recovery Summit.

How have we done in accomplishing those early goals? What do you see our greatest successes to date are?

What we have witnessed in the 20 years since the St. Paul meeting is in many ways far beyond what we could have dreamed of at that time.

We have witnessed the international growth and diversification of secular, spiritual, and religious recovery mutual aid groups as well as innumerable special needs support groups.

We have witnessed the cultural and political mobilization of people in recovery and their allies at a level that would have been unthinkable in 2001. And we are doing this in diverse cultural communities—far beyond that found in earlier recovery advocacy efforts. That we would have so many RCOs in the U.S. and that we would witness tens of thousands of people in recovery marching in public recovery celebration events was beyond what we could have thought possible during our deliberations in St. Paul.

We have launched major anti-stigma campaigns, including interrogating and challenged the language and images through which AOD problems have been historically expressed. These campaigns have normalized addiction recovery and broadened the pathways of entry into recovery in communities across the country. Early kinetic ideas within the recovery advocacy movement have garnered wide cultural and professional acceptance, e.g., “Recovery is a reality for individuals, families and communities,” “There are multiple pathways of recovery and ALL are cause for celebration,” “Recovery flourishes in supportive communities,” etc.

We have seen a dramatic expansion in new recovery support institutions: recovery community centers, recovery residences, recovery high schools and collegiate recovery programs, recovery-friendly workplaces, recovery ministries, recovery cafes, recovery-focused sports and adventure venues, recovery-focused art and music festivals, and on and on. This is recovery community building at its finest. We had only a glimmer of that in 2001. The recovery advocacy movement has been the engine driving such institution building—a critical step for any sustainable social movement.

We have witnessed a dramatic increase in recovery representation with alcohol- and drug-related policy venues and the parallel emergence of recovery as a new organizing paradigm within the alcohol and drug problems arena. That we would have authentic recovery representation at the highest levels of state and federal drug policy was only a dream in 2001. Today, we are closer to that dream than ever before.

We have witnessed substantial work in extending acute care (AC) models of addiction treatment to models of sustained recovery management (RM) nested within recovery-oriented systems of care (ROSC), with a particular emphasis on precovery outreach and post-treatment recovery support checkups and support. Peer-recovery support services provided across the stages of recovery mark a new conceptualization of the traditional addiction treatment continuum of care.

We are today witnessing efforts to integrate primary prevention, harm reduction, early intervention, primary treatment, and long-term recovery support services. We are now placing recovering peers in hospitals emergency rooms and other settings where addicted people experience their greatest vulnerability for harm.

We have helped through our advocacy efforts to expand recovery research funding through NIH, inspired a vanguard of research scientists to focus their careers on recovery research, and supported the work of such new institutions as Harvard's Recovery Research Institute.

I believe all of the above rest on the vision and strategies emerging from the 2001 Recovery Summit in St. Paul. These are all things I did not think I could witness in my lifetime.

What did we miss if anything looking back at those goals?

The original vision was pretty bold and comprehensive but there were areas of shifting emphasis in the years that followed as the movement matured. I think the most important of these was more fully embracing affected families within leadership roles within the movement, more intensified efforts to extend recovery advocacy within communities of color, and a greater emphasis on environmental strategies of recovery support. The latter was helped by exploration of such concepts as recovery capital, community recovery, and recovery contagion as well as through efforts to inject a recovery orientation within prevention and harm reduction services.

What are you most concerned about in respect to the future?

When a social movement articulates many goals, there is always a danger that one goal comes to dominate the whole movement. I am concerned that the rapid growth of funding for peer recovery support services could obscure and minimize our work in other areas, particularly recovery advocacy. And, of course, there are always the dangers of professionalization and commercialization of social movements as well as the danger that such movements can be hijacked by more powerful forces in their operating environment. When a movement achieves success, there are efforts to expand (dilute) its boundaries to serve other interests. We see this with the ever-expanding definition of recovery, and with treatment and other traditional organizations competing for funds devoted to peer recovery support services. During rapid expansion, there is always the risk of bad actors exploiting the movement for their own ends with the movement being then harmed by unethical and criminal conduct. Funding availability within emerging social arenas in which there is little regulatory oversight or lack of a strong ethical foundation is a psychopath's dream. I still worry about the influence of the treatment industry on recovery advocacy. If we simply regress to the marketing arm of the addiction treatment industry or become a superficial appendage providing post-treatment recovery support, the new recovery advocacy movement will have failed and new advocacy efforts will be needed in the future. And of course, we always have the challenges of organizational sustainability, leadership development, and leadership succession. These are normal risks shared by all social movements.

What would you say to future generations of recovery advocates about what we did and what to be cautious of / your wishes for them moving forward?

I want them to know that those of us at the 2001 Recovery Summit were there to accept a torch passed to us from recovery advocates of earlier decades. We have tried to faithfully carry that mission forward and now place it in the hands of new generations. I want them to respect what their recovery ancestors have done without being bound by that history. I also want them to remember that recovery advocacy is not a program of personal recovery and that history is strewn with the bodies of those who thought otherwise. This work cannot be done without a foundation of care for self and care for those closest to us: We cannot carry light into the community while our own home is shadowed in darkness. We must continue to assert the primacy of personal recovery as the foundation for recovery advocacy. We set out in 2001 to change the world and in a real sense we have achieved that and in doing so experienced meaning and purpose in our own lives. We could not do more than wish recovery advocates of the future the same.